

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

AUG 15 2006  
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>6741</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>William</u> <u>L</u> <u>Richards</u>  P.O. Box, Bldg., Room No., if any <u></u>  Street <u>10666 Scotts Corners Rd.</u>  City <u>Diamond</u>  State <u>Ohio</u> ZIP Code + 4 <u>44412</u>	4. Name, file number, and address of labor organization. Name <u>I U of Elevator Constructors</u>  Labor Organization File Number <u>050-545</u>  P.O. Box, Building and Room Number, if any <u>P O Box 0429</u>  Street <u></u>  City <u>Akron</u>  State <u>Ohio</u> ZIP Code + 4 <u>44309-0429</u>
5. Position in labor organization. <u>Business Representative</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u></u>  Trade Name, if any: <u></u>  P.O. Box, Bldg., Room No., if any <u></u>  Street <u></u>  City <u></u>  State <u></u> ZIP Code + 4 <u></u>	7.a. Nature of Interest, Transaction, or Income. <u>N/A</u>  7.b. Amount. <u></u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

William L. Richards

On

8/10/2005

Date

330-654-5619

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name National Elev. Ind. Education Program

Trade Name, if any: NEIEP

P.O. Box, Bldg., Room No., if any

Street 11 Larsen Way

City Attleboro Falls

State Maine ZIP Code + 4 02763

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 11.a. Nature of such dealing.

See Attached

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

## 12.b. Amount.

\$1,077

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 14.a. Nature of payment.

N/A

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

## 14.b. Amount of payment.

**LM-30 Attachment**


Name:  
LM-30 File Number:

Ending date of report period: 12/31/04

LM-30 Item  
Number

- 11a Per direction provided by U.S. DOL OLMS, Part B includes reporting of transaction(s) including reimbursement of valid expenses by a trust in which the labor organization is interested as though the trust was a business. This guidance provides a trust's dealings with a labor organization include the trust's receiving contributions from employers obligated to fund the trust per collective bargaining agreements negotiated by the labor organization. While the guidance is unclear, other transactions may be deemed to constitute dealings with the labor organization, trusts, or employers reportable in 11b. Accordingly, no amount is reported in 11b.

1 Wages, tips, other comp. <b>960.00</b>		2 Federal income tax withheld <b>98.23</b>	
3 Social security wages <b>960.00</b>		4 Social security tax withheld <b>59.52</b>	
5 Medicare wages and tips <b>960.00</b>		6 Medicare tax withheld <b>13.92</b>	
a Control Number <b>045004 46/AFQ</b>	Dept. <b>045300</b>	Corp. <b>A</b>	Employer use only <b>463</b>
c Employer's name, address, and ZIP code <b>NATIONAL ELEVATOR INDUSTRY 11 LARSEN WAY ATTLEBORO FALLS MA 02763</b>  <b>Batch #00993</b>			
b Employer's FED ID number <b>23-6421955</b>		d Employee's SSA number <b>286-46-8141</b>	
7 Social security tips		8 Allocated tips	
9 Advance EIC payment		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
14 Other		12b	
		12c	
		12d	
		13 Stat emp. Ret. plan 3rd party sick pay	
e/f Employee's name, address and ZIP code <b>WILLIAM L. RICHARDS CORNERS RD 10666 SCOTTS DIAMOND, OH 44412</b>			
15 State Employer's state ID no. <b>OH 52-2181122</b>		16 State wages, tips, etc. <b>960.00</b>	
17 State income tax <b>38.03</b>		18 Local wages, tips, etc.	
19 Local income tax		20 Locality name	

Safe, accurate, FAST! Use  Visit the IRS Web Site at [www.irs.gov](http://www.irs.gov).

**Employee Reference Copy**  
**W-2 Wage and Tax Statement 2004**  
Copy C for employee's records. OMB No. 1545-0006

This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may also find helpful.

1. The following information reflects your final 2004 pay stub plus any adjustments submitted by your employer.

Gross Pay	960.00	Social Security Tax Withheld Box 4 of W-2	59.52	OH. State Income Tax Box 17 of W-2 SUI/SDI Box 14 of W-2	38.03
Fed. Income Tax Withheld Box 2 of W-2	98.23	Medicare Tax Withheld Box 6 of W-2	13.92		

2. Your Gross Pay Was Adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	OH. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	960.00	960.00	960.00	960.00
Reported W-2 Wages	960.00	960.00	960.00	960.00

3. Employee W-4 Profile. To change your Employee W-4 Profile Information, file a new W-4 with your payroll dept.

**WILLIAM L. RICHARDS  
CORNERS RD  
10666 SCOTTS  
DIAMOND, OH 44412**

Social Security Number: 286-46-8141  
Taxable Marital Status: MARRIED  
Exemptions/Allowances:  
FEDERAL: 1  
STATE: 1

© 2004 AUTOMATIC DATA PROCESSING, INC.

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5 Medicare wages and tips <b>960.00</b>		6 Medicare tax withheld <b>13.92</b>	
a Control Number <b>045004 46/AFQ</b>	Dept. <b>045300</b>	Corp. <b>A</b>	Employer use only <b>463</b>
c Employer's name, address, and ZIP code <b>NATIONAL ELEVATOR INDUSTRY 11 LARSEN WAY ATTLEBORO FALLS MA 02763</b>			
b Employer's FED ID number <b>23-6421955</b>		d Employee's SSA number <b>286-46-8141</b>	
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14 Other		12b	
		12c	
		12d	
		13 Stat emp. Ret. plan 3rd party sick pay	
e/f Employee's name, address and ZIP code <b>WILLIAM L. RICHARDS CORNERS RD 10666 SCOTTS DIAMOND, OH 44412</b>			
15 State Employer's state ID no. <b>OH 52-2181122</b>		16 State wages, tips, etc. <b>960.00</b>	
17 State income tax <b>38.03</b>		18 Local wages, tips, etc.	
19 Local income tax		20 Locality name	

**Federal Filing Copy**  
**W-2 Wage and Tax Statement 2004**  
Copy B to be filed with employee's Federal Income Tax Return. OMB No. 1545-0006

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19 Local income tax		20 Locality name	

**OH. State Reference Copy**  
**W-2 Wage and Tax Statement 2004**  
Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0006

1 Wages, tips, other comp. <b>960.00</b>		2 Federal income tax withheld <b>98.23</b>	
3 Social security wages <b>960.00</b>		4 Social security tax withheld <b>59.52</b>	
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**W-2 Wage and Tax Statement 2004**  
Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0006



# NATIONAL ELEVATOR INDUSTRY EDUCATIONAL PROGRAM

Eleven Larsen Way • Attleboro Falls, MA 02763-1068 • 1-800-228-8220

DATE: 10/26/04

TO: James J. Higgins, Jr.  
Director NEIEP

FROM: William L. Richards  
Instructor NAME NEIEP # 45  
10666 Scotts Corners Rd.  
STREET  
Diamond, OH 44412  
CITY STATE ZIP

APPROVED [Signature]  
DATE NOV 18 2004  
NEIEP CK # 19087  
AMOUNT 116.85

RECEIVED  
OCT 29 2004  
NAT'L ELV INDUSTRY  
EDU PROGRAM  
286 146 8141  
SOCIAL SECURITY NUMBER  
(330)-620-9259  
PHONE NUMBER  
(330)-753-3981  
FAX NUMBER

Subject: Request for reimbursement or expenses incurred on NEIEP-related business and in accordance with NEIEP's Reimbursement of Expenses Policy Statement.

Dear Sir:

I hereby submit my request for reimbursement of expenses incurred as a result of the NEIEP-related activities described below:

- Dates & Location 10/21-24/2004 Sheraton Airport Hotel - Warwick, RI
- NEIEP Activity Basic Train the Trainer Course (5)

3. Expenses:

A. Fares (Air, Train, Bus, Taxi).....	\$	
B. Auto Rental & Gas .....	\$	
C. Parking .....	\$	<u>33.00 ✓</u>
D. Tolls.....	\$	<u>.50 ✓</u>
E. Mileage ( <u>130</u> miles at <u>.375</u> mile) .....	\$	<u>48.75 ✓</u>
F. Lodging.....	\$	
G. Meals (including meal tips) .....	\$	<u>34.60 ✓</u>
H. Other (specify) .....	\$	

TOTAL: \$ 116.85 ✓

**NOTE: Original receipts must be attached.**

4. Wages: PROJECT TRAINING  
(circle one)  
\_\_\_\_\_ hours at \_\_\_\_\_ per hour = \$ \_\_\_\_\_  
(gross pay)

William L. Richards 10/26/04  
Signature Date

## FOR OFFICE USE ONLY

MANAGER [Signature]

PROJECT BTTC

DATE APPROVED 11/8/2004

INS AIRPORT  
CLEVELAND  
LY/DAILY PARK

IFT H3

Y TIME:  
11/04 10:36  
TIME:  
11/04 12:14  
-DUR.: HRS:MIN  
3:01:38  
NT:  
\$ 33.00

OF PAYMENT:  
OVER  
005908529012  
08/07 101  
L CODE 024662  
SACTION 9484

W YOU FOR YOUR  
VISIT

ent Parking  
WLR

PUB  
1650 Post Road  
Warwick, RI 02866  
401-738-4000

EMP: IRIS G DISCOVER  
Date 10/23/04 Time 20:41  
Table 933

Card Holder RICHARDS/WILLIAM L  
Card Number 6011005908529012 08/07  
Auth-Code.. 023558 Ctrl: 10910

Amount.. 24.52  
Tip.... 5.00  
Total.. 29.52

X WLR  
Cardmember agrees to pay total in  
accordance with agreement governing  
use of such card.

\*\*\* Merchant Copy \*\*\*

Island Bar & Gr  
Antor

226 GIORGINA

1111 OCT24'04 8:28

1 Coffee 1.98  
1 BAGEL 2.00  
Food Sales 3.75  
TAX 0.30  
TOTAL PAID 4.08  
CASH 5.00  
CHANGE DUE 1.00

WLR - Tip 6.00

OHIO TURKEY FAIRE RECEIPT  
21-Oct-04  
Entry Class Exit Coll. #  
113 01 161 1040  
Payment: Cash  
Time Ax 25 Time Amount  
10:11 02 10:22 \$0.50

WLR